



Cambridge Electrical Department

Permit # _____

UTILITY PERMIT APPLICATION
250 Freshpond Parkway, Cambridge, MA 02138
Tel. 617-349-4925 Fax 617-349-4913

Company Name: _____

Contact Name: _____

Telephone Number: _____

Email: _____

Description of Work: _____

Location of Work: _____

Contractor Performing Work: _____

" If different from above"

Contractor Contact Person: _____

Contractor Telephone: _____

Contractor Email: _____

Start Date: _____

Estimated Completion Date: _____

Note: If this work involves excavating or trenching an Excavation Permit is required from Department of Public Works. (617-349-4833)

If necessary attach additional information if this form does not allow.

Approved by: _____

Date: _____